

1	Unified Rate Review v4.3																																				
2																																					
3	Company Legal Name:		Aetna Life Insurance Company State:										KY																								
4	HIOS Issuer ID:		39127										Market: Small Group																								
5	Effective Date of Rate Change(s):		01/01/2019																																		
6																																					
7																																					
8	Market Level Calculations (Same for all Plans)																																				
9																																					
10																																					
11	Section I: Experience period data																																				
12	Experience Period:		01/01/2017		to		12/31/2017																														
13							Experience Period																														
14	Premiums (net of MLR Rebate) in Experience Period:						Aggregate Amount		PMPM		% of Prem																										
15	Incurred Claims in Experience Period						\$0		#DIV/0!		#DIV/0!																										
16	Allowed Claims:						\$0		#DIV/0!		#DIV/0!																										
17	Index Rate of Experience Period								\$0.00																												
18	Experience Period Member Months						0																														
19																																					
20	Section II: Allowed Claims, PMPM basis																																				
21					Experience Period				Projection Period: 01/01/2019		to		12/31/2019		Mid-point to Mid-point, Experience to Projection:		24 months																				
22					on Actual Experience Allowed				Adj't. from Experience to		Annualized Trend				Projections, before credibility Adjustment		Credibility Manual																				
23	Benefit Category		Utilization		Utilization per		Average		PMPM		Pop'l risk				Utilization per		Average		Utilization		Average		PMPM														
24	Inpatient Hospital		Days		0.00		\$0.00		\$0.00		Morbidity		Other		Cost		Util		per 1,000		Cost/Service																
25	Outpatient Hospital		Visits		0.00		0.00		0.00		1.009		1.044		1.096		0.967		0.00		\$0.00		\$0.00														
26	Professional		Visits		0.00		0.00		0.00		1.009		1.044		1.014		0.991		0.00		0.00		400.38														
27	Other Medical		Visits		0.00		0.00		0.00		1.009		1.044		1.052		0.987		0.00		0.00		5113.00														
28	Capitation		Benefit Period		0.00		0.00		0.00		1.009		1.044		1.000		0.943		0.00		0.00		13192.54														
29	Prescription Drug		Prescriptions		0.00		0.00		0.00		1.009		1.038		1.083		0.967		0.00		0.00		16266.89														
30	Total								\$0.00														\$902.84														
31																																					
32	Section III: Projected Experience:								Projected Allowed Claims PMPM (w/applied credibility if applicable)				0.00%				100.00%		After Credibility		Projected Period Totals																
33									Paid to Allowed Average Factor in Projection Period										0.736		\$54,171																
34									Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM										\$664.32		\$39,859																
35									Projected Risk Adjustments PMPM										-1.84		(111)																
36									Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM										\$666.16		\$39,970																
37									Projected ACA reinsurance recoveries, net of rein prem, PMPM										0.00		0																
38									Projected Incurred Claims										\$666.16		\$39,970																
39									Administrative Expense Load										7.47%		58.94		3,536														
40									Profit & Risk Load										4.74%		37.40		2,244														
41									Taxes & Fees										3.36%		26.51		1,591														
42									Single Risk Pool Gross Premium Avg. Rate, PMPM												\$789.01		\$47,340														
43									Index Rate for Projection Period												\$932.01																
44									% Increase over Experience Period										#DIV/0!																		
45									% Increase, annualized:										#DIV/0!																		
46									Projected Member Months														60														
47																																					
48																																					
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be																																				
50	disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																																				

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Aetna Life Insurance Company
39127
01/01/2019

State:
Market:

KY
Small Group

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		PPOMedical
Product ID:		39127KY007
Metal:		Silver
AV Metal Value		0.680
AV Pricing Value		0.879
Plan Category		Renewing
Plan Type:		PPO
Plan Name		Aetna Silver PPO 4500 80/60
Plan ID (Standard Component ID):		39127KY0070013
Exchange Plan?		No
Historical Rate Increase - Calendar Year - 2		12.37%
Historical Rate Increase - Calendar Year - 1		13.68%
Historical Rate Increase - Calendar Year 0		10.41%
Effective Date of Proposed Rates		01/01/2019
Rate Change % (over prior filing)		4.86%
Cum'tive Rate Change % (over 12 mos prior)		10.41%
Proj'd Per Rate Change % (over Exper. Period)		20.18%
Product Rate Increase %		10.41%

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	39127KY0070013
Inpatient	#DIV/0!	\$0.00
Outpatient	#DIV/0!	\$0.00
Professional	#DIV/0!	\$0.00
Prescription Drug	#DIV/0!	\$0.00
Other	#DIV/0!	\$0.00
Capitation	#DIV/0!	\$0.00
Administration	#DIV/0!	\$0.00
Taxes & Fees	#DIV/0!	\$0.00
Risk & Profit Charge	#DIV/0!	\$0.00
Total Rate Increase	#DIV/0!	\$0.00
Member Cost Share Increase	#DIV/0!	\$0.00

Average Current Rate PMPM	\$768.26	\$768.26
Projected Member Months	60	60

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	39127KY0070013
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Plan Adjusted Index Rate	#DIV/0!	\$683.41
Member Months	0	0
Total Premium (TP)	\$0	\$0
EHB Percent of TP, [see instructions]	#DIV/0!	100.00%
state mandated benefits portion of TP that are other than EHB	#DIV/0!	0.00%
Other benefits portion of TP	#DIV/0!	0.00%
Total Allowed Claims (TAC)	\$0	\$0
EHB Percent of TAC, [see instructions]	#DIV/0!	100.00%
state mandated benefits portion of TAC that are other than EHB	#DIV/0!	0.00%
Other benefits portion of TAC	#DIV/0!	0.00%
Allowed Claims which are not the issuer's obligation:	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	
Total Incurred claims, payable with issuer funds	\$0	\$0
Net Amt of Rein	\$0.00	\$0.00
Risk Adjustment Transfer Amount	\$0.00	\$0.00
Incurred Claims PMPM	#DIV/0!	\$0.00
Allowed Claims PMPM	#DIV/0!	\$0.00
EHB portion of Allowed Claims, PMPM	#DIV/0!	\$0.00

.tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	39127KY0070013
Plan Adjusted Index Rate	\$821.29	\$821.29
Member Months	60	60
Total Premium (TP)	\$47,340	\$47,340
EHB Percent of TP, [see instructions]	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%
Total Allowed Claims (TAC)	\$54,170	\$54,170
EHB Percent of TAC, [see instructions]	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$14,311	\$14,311
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$39,859	\$39,859
Net Amt of Rein	\$0	\$0
Risk Adjustment Transfer Amount	\$102	\$102